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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32285

Registration District No. 59

Primary Registration District No. 5218

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Big Creek Township rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi west of Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME James W. Donaldson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. 14 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 22 If less than one day
hr. min.

9. Birthplace Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 1

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Donaldson

(b) Address Big Creek Township rural

17. (a) Burial (b) Date thereof 11-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodburn, Ind.

18. (a) Signature of federal director W. O. Long

(b) Address See Burial

19. (a) Nov. 8 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Big Creek Township rural 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi west of Pleasant Hill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 18 Aug
1948 to Nov 6 1948
that I last saw him alive on 18 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS - ACUTE
Duration 28 hrs.

Due to _____

Due to 94%

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations None performed

Of autopsy None Performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature A. W. E. L. L. (M. D. or other) MD

Address Pleasant Hill, Mo Date signed 11-7-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3833

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.